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<b>SERIAL NUMBER</b> 09/609,253	<b>FILING OR 371(c) DATE</b> 06/30/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3687	<b>ATTORNEY DOCKET NO.</b> 00-007
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**APPLICANTS**

Jay S. Walker, Ridgefield, CT;  
 Magdalena Mik, Greenwich, CT;  
 Michiko Kobayashi, Stamford, CT;  
 Russell Pratt Sammon, Stamford, CT;  
 Andrew P. Golden, New York, NY;  
 Geoffrey M. Gelman, Stamford, CT;  
 Terry E. Mayfield, Norwalk, CT;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/188,279 03/10/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 09/19/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 125	<b>INDEPENDENT CLAIMS</b> 13
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

22927

**TITLE**

METHODS AND APPARATUS FOR INCREASING AND/OR FOR MONITORING A PARTY'S COMPLIANCE  
 WITH A SCHEDULE FOR TAKING MEDICINES

<b>FILING FEE RECEIVED</b> 3360	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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